

In re Application of:

Docket No. 03500.014341

MANABU KATO

Application No.: 09/522,294

Examiner: H. Pham

Filed: March 9, 2000

Group Art Unit: 2861

For: MULTI-BEAM SCANNING OPTICAL APPARATUS
AND COLOR IMAGE-FORMING APPARATUS

Date: January 7, 2004

Mail Stop Non-Fee Amendment
The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 98	MINUS	** 103	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 16	MINUS	*** 16	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Certificate of Transmission

I hereby certify that this correspondence is being
facsimile transmitted to the Patent and Trademark
Office:

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Date

Signature

ANDREW D. MICKELSON
Name of person signing certificate

- ☐ Verified Statcment claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 50,957

FITZPATRICK, CELLA, HARPER & SCINTO
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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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January 7, 2004

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450AMENDMENT

Sir:

In response to the Office Action dated October 7, 2003, please amend the
above-identified application, as follows:

Certificate of Transmission

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Office:

on 1/7/04

Date

Signature

ANDREW D MICKELSON
Name of person signing certificate